



MARYLAND Department of Health

Larry Hogan, Governor · Boyd Rutherford, Lt. Governor · Dennis Schrader, Secretary

Behavioral Health Administration

8470 Dorsey Run Road • Jessup, MD 20794

Barbara J. Bazron, Ph.D., Deputy Secretary & Executive Director

ATTESTATION - CHARACTER OF REFERENCE

You are required to provide three (3) references

APPLICANT INFORMATION

Name:

Current Address:

City:

State:

Zip Code:

PERSON PROVIDING REFERENCE

Name:

Current Address:

City:

State:

Zip Code:

Telephone Number: (____) ____ - ____

Email:

Relationship to Applicant:

Years Known:

I, _____ attest that _____ is of good reputation and
(Name) (Name of Applicant)

character as it relates to his/her owning and possessing a firearm. There is no known reason that would disqualify

_____ from owning and/or possessing a Firearm.
(Name of Applicant)

Printed Name:

Date:

Signature:

Please submit this form to:

Office of Forensic Services - MDH
8470 Dorsey Run Road
Jessup, MD 20794-9486
Attention: Restoration Clerk
410 724-3172

MDH #4752 (7/10/17)